

North Carolina Department of Health and Human Services

Ebola Prevention and Response Training Emergency Room Scenario

Objectives

- To recognize signs and symptoms of Ebola Virus Disease (EVD)
- To initiate rapid response measures
- To evaluate current response plans
- To strategize to respond more effectively to a potential EVD outbreak

Table Top Exercise Instructions

- Systematically think through the case as if it was a real scenario
- Participation and discussion is important
 - Teamwork
 - All comments and questions are valuable

Who is a Person Under Investigation for Ebola?

Clinical Criteria

• Fever ≥ 100.4°F

OR

- Any of the Following:
 - Headache
 - Muscle Pain
 - Vomiting
 - Diarrhea
 - Abdominal Pain
 - Unexplained bruising or bleeding

AND

Epidemiological Risk Factors

- Symptom onset within past 21 days of exposure to any of the following:
 - Contact with blood, other bodily fluids or human remains of patient known or suspected to have EVD
 - Residence in or travel to area where EVD transmission is active
 - Direct handling of bats or other non-human primates in endemic area

TRAINING EXERCISE! TRAINING EXERCISE!

Scenario

You are a physician at an emergency room at a large hospital in Charlotte. You are evaluating a 27 year old female who presents with fever of 101.5° F, diffuse abdominal pain and vomiting. She has been experiencing these symptoms for the past 3 days. You receive a call from the diagnostic imaging services that your patient vomited again while getting a CT scan.



Discussion

What other questions would you ask?



- The patient reports that she recently traveled to Nigeria for work where she had sex with a patient who had Ebola 2 months ago and survived
- She denies contact with sick people during her travel abroad
- She lives in Charlotte and returned from her trip one week ago
- She lives with two other roommates in an apartment complex in downtown Charlotte

- The patient rapidly deteriorates and her blood pressure is now 80/40 and her heart rate is 112
- The patient is admitted to the intensive care unit and started on fluid resuscitation



Discussion Continued

• Could this be Ebola?



- The patient is admitted and you determine that the patient is considered to be a "Person Under Investigation" for Ebola
- The patient is tested for Ebola, but the preliminary results will not be available for two days



Discussion Continued

 What is your responsibility upon learning that you have a hospitalized person undergoing testing for Ebola?



• The preliminary test results come back positive for Ebola



From the Emergency Room Perspective...

- What immediate actions would you take to protect other patients who were in the emergency room waiting area with her?
- What procedures will you take to protect health care workers?
- When should the Health Department be notified?
- Who else needs to be notified?
- What infection prevention measures need to be taken?
- What actions do you need to take to clean the ER and imaging equipment?

From the Hospital Perspective...

- Besides providing supportive care, what steps do you need to take to offer any experimental drugs to the patient?
- How would you communicate with the state health department and the media?
- What isolation measures would be employed?
- How would you ensure that there are enough PPE supplies?
- What procedures need to be taken to properly dispose of the patient's waste?

From the Health Department Perspective...

- How would you go about conducting contact tracing?
- Which persons in the emergency room waiting area who were with the patient should be considered as "contacts" for contact tracing?
 - Who will be actively monitored?
- How do you plan to provide housing for the patient's roommates while the patient's residence is being decontaminated?
- What is the CDC guidance on the evaluation of ill patients suspected of Ebola coming from West Africa?
- What forms/instructions do you need? Are there any regulations that you need to comply with?
- What arrangements need to be made to accommodate and work with CDC investigators, DPH contact tracers, and the media, if necessary?

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